

Brownfield Green Space and Public Facilities Grant Final Report

Form 4400-236 (R 7/05)

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Notice: The submission of this completed form is required by the Department for the final claim for reimbursement filed pursuant to Chapter NR 173, Wis. Adm. Code. Information requested on this form may be used for purposes other than the Brownfield Green Space and Public Facilities Grant Program and may be made available to requesters under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Provide two copies of this completed report and all requested attachments or explanations to the following address: **BF GSPF Grant Manager – RR/3, PO Box 7921, Madison, WI 53707-7921.**

Grant Information

Grantee Name	Grant Number
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Site Name

Street Address	City	State	ZIP Code
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Report Details

1. Select the activities that were carried out using grant funds:

- ☐ Preparation of a Remedial Action Plan
- ☐ Remedial Actions
- ☐ Removal of Underground Storage Tanks
- ☐ Removal of Abandoned Containers
- ☐ Other – Explain: _____

2. Select the activities that were carried out using funds that were claimed as matching funds:

- ☐ Acquisition costs of the eligible site or facility
- ☐ Payment or cancellation of delinquent taxes
- ☐ Costs of completing a ch. NR 716 Site Investigation
- ☐ Costs of the planning and design of green space, recreational area or use by a local government
- ☐ Costs of removal and/or disposal of debris, solid waste and scrap material on the site or facility
- ☐ Maintenance or security of the site or facility
- ☐ Demolition _____ No. of Buildings and Structures
- ☐ Ch. NR 716 Site Investigation
- ☐ Abandoned Container Removal and Disposal _____ No. of Abandoned Containers
- ☐ Asbestos Abatement Associated with Demolition
- ☐ Hazardous Substance Storage Tank Removal & Disposal _____ No. of Hazardous Substance Storage Tanks
- ☐ Petroleum Product Storage Tank Removal & Disposal _____ No. of Petroleum Product Storage Tanks

3. Beyond those activities identified in Questions 1 and 2, select any additional actions taken at this site that were funded by other parties or the grantee:

- ☐ Acquisition costs of the eligible site or facility
- ☐ Payment or cancellation of delinquent taxes
- ☐ Costs of completing a ch. NR 716 Site Investigation
- ☐ Costs of the planning and design of green space, recreational area or use by a local government
- ☐ Costs of removal and/or disposal of debris, solid waste and scrap material on the site or facility
- ☐ Maintenance or security of the site or facility
- ☐ Demolition _____ No. of Buildings and Structures
- ☐ Ch. NR 716 Site Investigation
- ☐ Abandoned Container Removal and Disposal _____ No. of Abandoned Containers
- ☐ Asbestos Abatement Associated with Demolition
- ☐ Hazardous Substance Storage Tank Removal & Disposal _____ No. of Hazardous Substance Storage Tanks
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Report Details (continued)

4. Were any reports or documents produced as a part of SAG activities? (Examples: remedial action plan, closure report, etc.)

☐ No ☐ Yes – Provide two copies with this report. If one copy has already been submitted to the DNR regional office, only one copy needs to be submitted to Madison.

5. At the time of the submittal of this report, who is the current owner of the property?

6. Has a deed restriction been placed on the deed for the property where the eligible site or facility is located, and recorded at the county register of deeds office, limiting the use of the property to the end use specified in the agreement for at least 20 years?

☐ No
☐ Yes

7. Have there been property transactions which occurred during the grant period or are planned for after the grant period?

☐ No
☐ Yes – Describe: _____

8. After completing grant activities, are additional environmental remediation actions necessary at the site?

☐ No
☐ Yes the following additional actions are needed: _____

☐ Unknown – Please explain: _____

9. Are there additional remediation activities that were not conducted at this site because of insufficient funding?

☐ No
☐ Yes – Describe additional remedial action necessary and write in the approximate cost, if known: _____

10. Does the grantee (or other parties) intend to apply for or has the grantee (or other parties) already received any of the following financial assistance programs for this site?

Will Apply For Have Applied For Have Received

WI Department of Natural Resources (WI DNR):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brownfield Site Assessment Grant (SAG)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brownfields Green Space and Public Facilities Grant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Land Recycling Loan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brownfield Revolving Loan Fund – "Ready for Reuse"

US Environmental Protection Agency (US EPA):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPA Brownfields Grant
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WI Department of Commerce (Commerce):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blight Elimination and Brownfields Redevelopment (BEBR) Program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commerce Brownfields Grant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PECFA

Other:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency/ Program Name (i.e., HUD - BEDI Grant):
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Report Details (continued)

- 11. Have the grantee's originally proposed plans to create a green space, recreation area, or public facility on the site been completed and fully constructed?**

☐ Yes

☐ No – Please explain: _____

- 12. Describe any additional future land uses for the property:** _____

- 13. Provide a general summary of the total project costs including but not limited to the Green Space Grant activities.**
(General estimates are acceptable and no documentation is necessary.)

	<u>Approximate Cost</u>	<u>Activity Completed</u>	<u>Activity Not Completed</u>
Total Construction (buildings, park facilities, etc.–not remediation)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total Landscape Design and Landscaping	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total Remediation	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Land Acquisition	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Demolition and Site Preparation	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Infrastructure and Utilities	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Costs – Describe: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Costs – Describe: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

- 14. Of the total project cost, how much was paid for by the following sources:**

	<u>Approximate Cost</u>
Local Public Funds (general municipal revenue, TIF, etc.)	\$ _____
Private Funds	\$ _____
State and Federal Grants	\$ _____
Other Costs – Describe: _____	\$ _____

- 15. Include post-grant activity photographs of the site (with dates) included with this report.**

Are the photos available in a digital/ electronic format for use by the DNR? ☐ Yes ☐ No

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Report Details (continued)

16. Describe the environmental, social and economic effects that the grant activities had on the local community:

17. Were the goals of this phase of the project achieved? ☐ Yes ☐ No

Please explain: _____

18. Include any comments about or suggestions to improve the grant program: _____

Report Completed By

Name	Organization
Completion Date	

Contact Information

Provide contact information for the Department of Natural Resources to obtain more information about this site at a later date.

Name		Organization	
Street Address		Telephone Number	
City	State	ZIP Code	E-Mail Address